MEDICAL ASSISTANCE ADVISORY COUNCIL MEETING
New Jersey State Police Headquarters Complex
Public Health, Environmental and Agricultural Laboratory Building
3 Schwarzkopf Drive
Ewing Township, New Jersey 08628

January 24, 2018
10:11 A.M.

FINAL
MEETING SUMMARY

Members Present:
Deborah Spitalnik, PhD, Chair
The Honorable Mary Pat Angelini
Christine Buteas
Mary Coogan
Theresa Edelstein
Ryan Goodwin
Beverly Roberts
Wayne Vivian

Members Excused:
Sherl Brand
Dot Libman

Members Unexcused:
Mary Lund

State Representatives:

Acting Commissioner Carole Johnson, NJ Department of Human Services

Meghan Davey, Director
Division of Medical Assistance and Health Services

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Slide presentations conducted at Medical Assistance Advisory Council meetings are available for viewing at Http://www.state.nj.us/humanservices/dmahs/boards/maac/

ATTENDEES:

Crystal McDonald	AARP New Jersey
T. Garvin	Aetna Better Health New Jersey
Juliana Dand	American Academy of Pediatrics, NJ Chapter
Brian Atkisson	Association of New Jersey Chiropractors
Matthew Minnella	Association of New Jersey Chiropractors
Kitty Lathrop	Burlington County Board of Social Services
Natassia Rosario	Camden Coalition of HealthcareProviders
Lucia Buffaloe	CBIZ KA Consulting Services, LLC
Gwen Orlowski	Central Jersey Legal Services, Inc.
Michael Brower	Disability Rights of New Jersey
Kathy Wigfield	FSPC
Lillie Evans	Horizon NJ Health
Carol Katz	Katz Government Affairs
David Gaul	KPMG, LLP
James McCracken	LeadingAge NJ
Michael Azam	Medical Society of New Jersey
Tammy Dellavecchio	Member of the Public
Cynthia Spadola	Mental Health Association of New Jersey
Phillip Lubitz	National Alliance on Metal Illness of New Jersey
Maureen Shea	NJ Association of Community Providers
Debra Wentz	NJ Association of Mental Health and Addiction Agencies
Paul Blaustein	NJ Council for Developmental Disabilities
E. Jennifer Brown	NJ Council for Developmental Disabilities
Kevin Casey	NJ Council on Developmental Disabilities
Dennie Todd	NJ Council on Developmental Disabilities
Grace Egan	NJ Foundation for Aging
Toni Granato	NJ Primary Care Association
Selina Haq	NJ Primary Care Association
Kelsey McMillan	NJ Primary Care Association
Mary P.	Preferred Behavioral Health Group
Mary Kay Roberts	Riker, Danzig, Scherer, Hyland & Perretti, LLP
Huan Tran	Robert Wood Johnson Barnabas
Kristen Lloyd	Rutgers Center for State Health Policy
Colleen McLaughlin	Rutgers Robert Wood Johnson Medical School, The Boggs Center on Developmental Disabilities
Jennifer Duffy	Sellers Dorsey
James Harkey	Sunovion
Julie Caliwan	The Innovations Collaborative
Susan Hazen	United Healthcare Community Plan
Zinke McGeady	Values Into Action NJ
Lisa Knowles	WellCare

ATTENDEES:

Robin Ford	NJ Office of Legislative Services
Hannah Good	NJ Treasury, Office of Management and Budget
Graham Ruff	NJ Treasury, Office of Management and Budget
Michele Schwartz	NJ Department of Children & Families, Childrens' System of Care
Jennifer Joyce	NJ Division of Developmental Disabilities
Jonathan Seifried	NJ Division of Developmental Disabilities
Heather Smith	NJ Division of Developmental Disabilities
Kelli Rice	NJ Division of Developmental Disabilities
Freida Phillips	NJ Division of Family Development
Annette Riordan	NJ Division of Family Development
Joshua Liichtblau	NJ Medicaid Fraud Division
Kay Ehrenksantz	NJ Medicaid Fraud Division
Valerie Mielke	NJ Department of Health
Stefenie Muzgai	NJ Department of Health
Elizabeth Brennan	NJ Division of Aging ServicesGwen
Carrick	NJ Division of Medical Assistance and Health Services
Linda EdwardsNJ	Division of Medical Assistance and Health Services
Meghan Davey	NJ Division of Medical Assistance and Health Services
Carol Grant	NJ Division of Medical Assistance and Health Services
Roxanne Kennedy	NJ Division of Medical Assistance and Health Services
Brian Leip	NJ Division of Medical Assistance and Health Services
Phyllis Melendez	NJ Division of Medical Assistance and Health Services
Maribeth Robenolt	NJ Division of Medical Assistance and Health Services
Heidi Smith	NJ Division of Medical Assistance and Health Services
Joseph Vetrano	NJ Division of Medical Assistance and Health Services
Felicia Wu	NJ Division of Medical Assistance and Health Services

CHAIRPERSON SPITALNIK: Good morning. I'm Deborah Spitalnik, Chair of the Medical Assistance Advisory Council (MAAC). It is my pleasure to welcome you to this January 24th meeting.

Pursuant to the New Jersey Open Public Meetings Act, this meeting has been noticed both in the New Jersey Register and the other required sources. As guests of the State Police, I need to let you know that in the event of an alarm or an emergency, we should exit the building through the entrance we came in, meet in Parking Lot 9, and check in with the leadership to make sure that everyone is safe. We've only needed to do that once, and it was a false alarm; but, I need to tell you that.

As is our custom, we will now do introductions. We will do introductions of the MAAC. And I'm delighted that we have new members to welcome today. We will then ask members of the public to introduce yourselves just by name and affiliation. We have always prided ourselves in the MAAC of not restricting public comment to a specified isolated time, but rather in interaction with the subject at hand. What we ask is that you let the MAAC members -- and I will enforce this -- ask questions or make comments first. We will then open that to the public.

I ask that you keep your questions brief because we have a very full agenda. I will then review the agenda, but I want to start the introductions now and I will give a fuller introduction in that we are delighted today to welcome Carole Johnson who is the Commissioner of Human Services designee nominated by Governor Murphy. And the Acting Commissioner will give us greetings, but it's not a period where she can answer questions at this time due to her schedule. But she was so gracious to join us today, and I know that she'll be back because of the centrality of the Medicaid program and the importance that everyone here plays as a stakeholder. So the person to my left is Carole Johnson. And I will ask the members of the MAAC, especially the new members, to introduce themselves. In the interest of public health we will not be passing a microphone around today, so I ask that people speak loudly and clearly. And if you can't hear in the back or we can't hear, we'll let you know. But I think we'll all be better for not sharing a microphone.

So, again, welcome Acting Commissioner.

(Members of the MAAC introduce themselves.)

(Members of the public introduce themselves.)

CHAIRWOMAN SPITALNIK: Welcome, everyone. And we're always so delighted to have the opportunity to work together.

As I mentioned, Carole Johnson was nominated to be Commissioner of the Department of Human Services by Governor Phil Murphy. Previously, she had worked in the Obama White House as Senior Health Policy Advisor and as a member of the Domestic Policy Council Health Team. She worked to increase health coverage for millions of Americans, to improve services and choices for individuals with disabilities, and expand opportunities for older adults. She's also been very active in increasing the coverage of mental health and substance abuse disorder treatment and improving health and economic security for all Americans. The Acting Commissioner also has worked on Capitol Hill, working for the US Senate Special Committee on Aging and for members of the US Senate Finance Committee and House Ways and Means Committee. She has managed healthcare workforce policy issues for the US Department of Health and Human Services, Health Resources and Service Administration. Previously, she was policy director for the Alliance of Community Health Plans and the Association of Non-Profit Health Plans. She's been a program officer with the Pew Charitable Trust Health

and Human Services Program. She's been in health policy research at the George Washington University. And she's also been a senior government relations manager with the American Heart Association.

As you can see, she brings us incredible experience. We welcome her to her new role. We welcome her to the MAAC. And we welcome her home to New Jersey; she is former native of North Cape May. I'm delighted that the Commissioner designee will speak to us today. She has a very hard stop because of time, but I know we will be welcoming her back, and we look forward to her leadership.

(Applause.)

ACTING COMMISSIONER JOHNSON: Thank you. Thank you, everyone for your really warm welcome. I want to thank the Chair and the members of the Council for inviting me here today. It was so important for me to be able to come. I believe this is the first of many conversations to come, so please think of it that way. That's how I think of it. I do have to be at a series of appointments downtown, so I do have to leave right after this; but, I wanted to make sure to be here this morning to say, one, thank you for all the work you've done to improve the health and healthcare coverage for the people of New Jersey. It is just a

great foundation for us to build on. Two, if you have seen him on television, which I'm sure you have, you know that the Governor is a very passionate person. And he's very passionate about these issues, about making sure that we are caring for the people of New Jersey and that we are delivering services in the way that meets the needs of the people who need them. So I want to convey his thank you to you, as well, and our broad interest in making sure that we have a strong partnership going forward.

I also want to make sure that you know about how I approach my work and the kinds of things that I will be doing in the very short term. So as the Chair mentioned, and the kind of work that I have done in the past, I've always focused on putting the client, putting the patient, putting the resident, putting the person at the center of what we're doing. We, obviously, are organized along a number of divisions that do very specialized work in very particular areas, but we don't want to get lost in our silos and we want to make sure that we are organized in a way and delivering services in a way that meets the needs of patients and families. So that will be important to me, and I obviously want to hear from you where those challenges are, what's working, and just as

importantly, what isn't working. Where are the opportunities for innovation? Where are the opportunities for us to be creative? That has been a charge from the governor to me, is to think creatively about what more we can be doing. So I absolutely want to hear your ideas and thoughts on that point, as well; stakeholder input, and not just at the broadest level, but the kind of level that this meeting represents, which is advocates and families and providers and bringing the community together to build consensus around the direction we should be moving in; and then holding ourselves accountable to effective implementation and transparency and delivering on results. So those are all very important things to me. There is no shortage of work, as you well know. There are many issues, just going around the room here, that we will be focused on. But just to mention a few, obviously, the uncertainty coming from Washington remains a challenge for everyone, both in terms of our operational issues, your operational issues, your planning and delivery and understanding of what's coming next. And then what's particularly concerning to me is the uncertainty for families, patients, and clients and residents about what all this means for them.

Our job is to fight to protect everything that we can and be as creative as we can about pushing back. And that is what the Governor is committed to. That's what I'm committed to. We understand that this is upsetting and difficult, and we're going to continue to work hard to make sure that we're doing everything we can to make our programs work for everyone. Two, obviously, the opioid epidemic remains a pressing challenge in the state, as it does in the country. I would say that in my work in the White House, I also helped lead the White House Task Force on Mental Health and Substance Use Parity and the Veterans Mental Health Inter-agency Task Force. I think about these issues as behavioral health issues, as about the broad spectrum of substance use disorder issues, as well as mental health issues and the role of undiagnosed mental health in some of the challenges we're seeing on the substance abuse side.

So we will be implementing the waiver, and you'll hear more about that today. Those are new opportunities for us to really focus on expanding access to treatment in the state. We will work hard with our colleagues across other agencies, obviously. There are multiple agencies that have a stake in fighting the opioid epidemic, and we will do that,

because it's just a vitally important thing that we really combat this public health crisis.

I also just wanted to mention, because I know you will hear about this today, there is a lot of work happening in the developmental disability program and in the changing payment structure and in how services are delivered. I will pay attention to that. I want to hear your views. Our team is very committed to getting it right, but we need to know where the gaps are and where the challenges are; and we will be focused on that. So, obviously, there are lots of details in that and there are lots of things that we will hear about today, about the good work that's going on to try to address that. But I want you to know that I have heard, just in the short time that I've been here, what those challenges are, and again, we'll be focused on that.

For things that are outside the scope of this meeting, there's obviously a variety of other things that the Department does, including making child care work well for families in a time when we are so clearly committed, as the Governor is committed, to making employment work for families. Child care is an important part of that equation and so we're focused on making sure that we have quality child care for the

people who need it.

But those are just a few things. Those are, obviously, touching on what I see on the agenda for today and making sure you know that at my level, I hear those concerns and I hear the opportunities and I'm looking forward to working together with you to making sure that we're maximizing everything that we do so that people get the services they need, they get them in a timely way, we're good stewards of our federal and state dollars, and that we are delivering results for the people of New Jersey.

So thank you very much. I really look forward to spending more time with all of you. I will absolutely be doing that. Thank you.

(Applause.)

CHAIRWOMAN SPITALNIK: Thank you so much for joining us and making this a priority. We feel privileged to work with the Medicaid program and look forward to supporting you and the Department. Thank you very much.

COMMISSIONER JOHNSON: Thanks, everyone.

(Applause.)

CHAIRWOMAN SPITALNIK: Let me review the agenda for today. We're going to look at the minutes. We're going to have a presentation on the NJ FamilyCare

Dashboard Portal. We have a series of informational updates on the Substance Use Disorder (SUD) Waiver, the Managed Care Contract, Managed Long Term Services and Supports (MLTSS), the Dual Diagnosis (DD)Pilot, The Community Services Support Program (The Supports Program), as well as NJ FamilyCare.

So we will proceed to a review of the meeting summary of our October 19, 2017 MAAC meeting.

Are there any comments, additions, or corrections?

Hearing none. Do I have a motion to approve?

MS. COOGAN: I move.

MS. EDELSTEIN: Second.

CHAIRWOMAN SPITALNIK: Moved, Coogan; second, Edelstein.

The Summary is approved. And, again, our thanks to Lisa Bradley.

We'll now turn to a presentation on the NJ FamilyCare Data Dashboard Portal. I'm delighted to welcome Felicia Wu, Joseph Vetrano, and Brian Leip. The PowerPoint that is projected behind me will be available after the meeting on the Division of Medical Assistance and Health Services' (DMAHS) website at: Http://www.state.nj.us/humanservices/dmahs/boards/maac/.

Welcome, Felicia. Thank you.

MS. WU: Thank you.

Good morning, everyone. Thank you in advance for allowing me this opportunity to speak with you today about a new initiative our Division is undertaking in support of state analytics, as well as the NJ FamilyCare Program.

(Presentation by Ms. Wu.)

(Slide presentations conducted at Medical Assistance Advisory Council meetings are Available for viewing at http://www.state.nj.us /humanservices/dmahs/boards/maac/.)

CHAIRWOMAN SPITALNIK: Any questions or comments? Thank you.

Members of the public?

UNIDENTIFIED SPEAKER: I want to commend you. This is excellent, user friendly, lots of information. To the extent people are using Medicaid services in different departments, will there be there links from this website to those departments?

MR. LEIP: The portal will be available through a web link that will take you to the site. If other departments want to provide a link on the portal, they're certainly welcome to do so.

MS. DAVEY: Our NJ FamilyCare website is

hyperlinked to most of them, so we can make sure that's across the different departments and the agencies. I think that's a good recommendation.

CHAIRWOMAN SPITALNIK: Thank you.

Yes?

I should ask people to state their names so we can include in the meeting summary.

ALEX: Alex, Liberty Dental Plan.

Are recipients able to enroll in a managed care plan via the portal?

MR. LEIP: This is just a business intelligence website that gives you more information on the underlying data of our programs. You won't be able to enroll in any programs through this site.

MS. DAVEY: We have an online application for MAGI and Aged, Blind and Disabled (ABD) populations where they can apply online and they can pick their health plan in that process. This portal provides data behind the NJ FamilyCare website.

CHAIRWOMAN SPITALNIK: Thank you.

Anyone else?

Thank you for this; this is a wonderful presentation --

MS. WU: We have a little bit more.

CHAIRWOMAN SPITALNIK: I'm sorry.

(Presentation by Ms. Wu continues and concludes.)
(Slide presentations conducted at Medical Assistance Advisory Council meetings are Available for viewing at http://www.state.nj.us /humanservices/dmahs/boards/maac/.)
CHAIRWOMAN SPITALNIK: Any questions?
I'm not sure I ever closed a thank you with "wow," but what an incredible service to beneficiaries, to people who provide care. And I can't wait to get this into the hands of our students. So thank you so much, with great admiration. We know the State has never been a leader in technology, but you certainly have changed that course. Thank you so much for your presentation.
(Applause.)
CHAIRWOMAN SPITALNIK: Kevin.
MR. CASEY: Kevin Casey, New Jersey Council on Developmental Disabilities.
Is this material going to be available to people in other languages and available to people who are blind? For example, does it have a reader capability on it?
MS. WU: That's a great question. So I can't answer the question about other languages, but we are working in partnership right now with the

Commission for the Blind and Visually Impaired (CBVI) asking them to review our website as well as the underlying dashboards to see what modifications we have to make to make sure that those who are visually impaired can still access the information.
MR. CASEY: Very good. Thank you.
CHAIRWOMAN SPITALNIK: Thank you for asking that question.
May I also suggest another resource, Disability Rights New Jersey. Their technology program has spent a lot of emphasis on accessibility, and they would also be good resources.
Thank you again.
MS. ORLOWSKI: Gwen Orlowski, Central Jersey Legal Services.
Absolutely fabulous. I just want to say we may reach out to you? We're putting together a symposium in the spring in conjunction with the Pediatric HIV/AIDS Department at Robert Wood Johnson Rutgers to young people who are aging out of pediatrics. And part of it is empowering them to do advocacy on their own behalf and being able to show them some of this data and how to use this data would be fabulous. So you may see an e-mail from us. I know it's in April and I know that that's probably close on

this timeline.
Thank you so much.
CHAIRWOMAN SPITALNIK: Thank you.
Yes?
MS. MCDONALD: Crystal McDonald from AARP.
So this was great. I think the website is really going to be super user-friendly.
Are you planning to add cost utilization data?
MS. WU: Great question, Crystal. So cost utilization data, right now we are definitely on target to offer some form of it in the long-term care, for the long-term care population, again, when the 12-month claims run out. And, again, depending on user and public input, we do plan as a secondary phase to add that sort of information to our publicly available dashboards.
MS. MCDONALD: Second question. Long-term care section, would we be able to see as far as enrollment which patients have moved from nursing homes into home and community services and which are newly enrolled? How people move around?
MS. WU: We probably could. Right now we're working with the MLTSS group to develop our dashboards, so some of the members are right here, so we will

discuss it with them, the next iteration of our business meetings.
CHAIRWOMAN SPITALNIK: Thank you.
We now move to a presentation on the Substance Use Disorder Waiver. Roxanne Kennedy and Gwen Carrick.
MS. KENNEDY: Good morning, everyone. That's a hard act to follow. But certainly this is very exciting work, too, that we're doing in the SUD waiver. So Gwen and I do a high-level review of the SUD waiver. I apologize if you have already seen our presentation. We have been doing quite a bit of the stakeholdering with the presentation. So we'll do our best to provide a highlighter overview and answer what questions we can.
(Slide presentation by Ms. Kennedy.)
(Slide presentations conducted at Medical Assistance Advisory Council meetings are Available for viewing at http://www.state.nj.us /humanservices/dmahs/boards/maac/.)
CHAIRWOMAN SPITALNIK: Questions from the MAAC?
MR. VIVIAN: Is there anything for co-occurring dual diagnosis?
MS. KENNEDY: We have been talking with

stakeholders, and it has come up quite a bit. So if we seek to have an amendment, that can be something we'd consider at at some point.

MR. VIVIAN: Even the substance abuse providers now, even if they provide co-occurring services, they say they don't even have -- some of the consumers we refer to them, saying they can't serve them because their mental health issues are so severe that they're not getting accepted into those programs that exist.

MS. KENNEDY: We can work closely with the Division of Mental Health and Addictions (DMHAS) on that. I know that there's within the state-only dollars when someone has a substance use disorder, there's a co-occurring track. So there's, obviously, a need for it and it's been addressed at some level, for financing it, but it certainly needs to be created. We'll continue to work with them. Thank you for that important point.

CHAIRWOMAN SPITALNIK: Any questions from the public?

Yes?

MS. KATZ: Hi. Carol Katz from Katz Government Affairs.

Is the SUD program implementation documents

that you referenced that you submitted to the Centers for Medicare & Medicaid Services (CMS), is that available at those links?

MS. KENNEDY: It won't be available until it's approved by CMS at some point. Once we're able to make it available, we will. At this point, it's still in draft with CMS.

CHAIRWOMAN SPITALNIK: Debra.

MS. WENTZ: Roxanne, the process was approved as of October 2017. The recent memo that came out from the CMS that says that they were going to reconsider, I guess, state draw-down in dollars of waivers, are we basically -- like, that wouldn't affect us for the five years of the waiver approval, but there was something that had come up that specifically referenced waivers.

MS. DAVEY: It doesn't pertain to us. We clarified that with CMS.

MS. WENTZ: Thank you.

CHAIRWOMAN SPITALNIK: Anyone else?

Thank you so much, and congratulations.

(Applause.)

CHAIRWOMAN SPITALNIK: We'll now turn to Carol Grant to talk about the NJ FamilyCare Managed Care contract changes.

Carol, welcome.

MS. GRANT: Hi, everyone.

First of all, the one thing about the July 1 contract is to be clear that this is the July 1, 2017 contract. As you know, it tends to take us longer than the start of the contract period to actually get the process through CMS so that we actually have an approved contract. Many managed care organization (MCO) contract changes related to the federal Managed Care rule, other language that CMS requested in order to strengthen in the contract, the normal sort of relocations, tweaking, clarifying, and the other sorts of changes that happen in any contract. So we're going to go through key highlights of the changes. And, of course the MCO contract is posted our website at: Http://www.state.nj.us/humanservices/dmahs/info/resources/care/.

(Presentation by Ms. Grant.)

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CHAIRWOMAN SPITALNIK: I think you had the hardest job of bringing coherence to this. And I see everyone is still awake and well informed.

Do I have questions from the MAAC?

Beverly.

MS. ROBERTS: Thank you very much, Carol. This is a lot of information. Just of couple of questions. If you could provide a little bit more information. The first slide where you talk about article 4 and there's bullet, CMS required changes to what formulary information and in what format MCOs must post to their websites? Do you have any further information on what that means?

MS. GRANT: I do, but it's pretty dense. I think maybe it might be helpful if you look in that article and sort of read it through there. But this is just some, just a couple of things: They must publish a formulary on its website in a machine readable file and format. The formulary must include an electronic or paper form each generic and brand name medication and which tier it is on. Again, they have to give us the drug utilization review. Activities, there were some specific citations related to drug utilization and drug rebate sections, and then there was a number of elements. They're pretty bulleted, but that's the kind of thing.

MS. ROBERTS: Okay. My next question has to do with article 4 where you talk about behavioral

health providers.
MS. GRANT: Yes.
MS. ROBERTS: As you know, if a person is served by the Division of Developmental Disabilities (DDD) and they need behavioral health (BH)services, at this point in time it comes through the Medicaid MCO. Is there any requirement that something be posted about the ability and experience of the provider to treat somebody with an intellectual or developmental disability?
MS. GRANT: You know, I don't think it's going to do that. I certainly think it's a very valuable point. And we would have to see how we would manage that.
You have any thought?
MS. ROBENOLT: I think right now it's really just identifying the type of provider, being more specific as the type of provider. Just really specifying, here's where you can call who does medication monitoring, here's somebody you can call for treatment services.
With regards to the skill-set, sometimes it's difficult because, as you know, professionals leave practices. You may identify today that you have a skill-set of a professional in the office who works

with someone with developmental disabilities, but that person leaves your practice and they've not yet back-filled that position, but the directory still shows that they have that area expertise. I think it's a good comment to take into consideration, but how we manage that, I think is going to need some more thought.
MS. GRANT: The thing is that there is an intent to do sort of a mini true-up, I think, for the divisions where we have behavioral health carved-in. Not in this contract, but in a future contract that basically will provide a more standard set across three programs, DD being one, special needs plans (SNP), and MLTSS. MLTSS will be the guidepost. And I think we can take that kind of suggestion back and take a look at it.
CHAIRWOMAN SPITALNIK: Keeping that issue alive, will there be a contract revision in July, or is this multiple year?
MS. GRANT: I think we're planning through July.
CHAIRWOMAN SPITALNIK: So that maybe we want to keep that issue on the front burner and also in relation to the DD IDD/MI pilot.
MS. GRANT: Yes.

MS. ROBERTS: Thank you.
CHAIRWOMAN SPITALNIK: Mary.
MS. COOGAN: Thank you.
So this is really great, and I commend all of you who are involved. And the plans, too, because I'm sure this was not an easy process.
So given the fact that you're saying this is 900 pages, I will not read 900. I may read some of them, but I was wondering, Deborah, maybe if we could for the next meeting, you know, if people want to go look at certain sections and then come back and maybe if we have questions, we can put it as an agenda item.
CHAIRWOMAN SPITALNIK: Absolutely.
MS. COOGAN: But I do commend you for the lead poisoning changes. I think it's great that Medicaid's going to become more proactive in this regard. And also by adding the measure for the antipsychotic drugs.
MS. GRANT: Thank you.
CHAIRWOMAN SPITALNIK: So we will put that on the agenda.
Other questions or comments from MAAC?
From the public?
Kevin.
MR. CASEY: Kevin Casey, New Jersey Council

on Developmental Disabilities.
I support Mary's suggestion that the additional monitoring on antipsychotics is really a good thing to do. It's limited in your writing here to children and adolescents. I'm wondering if it ought not be available for adults, too; if it ought not be required for adults.
Second, this is really a nice illustration of why this is so difficult for families and individuals in the system. This is incredibly dense, incredibly difficult to understand, and incredibly difficult to follow. What I would suggest with that, again, is that we need some manner in which we are regularly going out into the community and explaining this stuff to families and individuals on really a regular basis in all parts of the State. And we've got to find some way to break it down. I think that's critically important.
And finally, I'm going to ask you to recommit to something you committed to some time ago, which is that there is no intention to put the DD system in a managed care model at this point in time, is that still the Department's position.
MS. DAVEY: Right. We have no authority to do that.

MS. GRANT: We work closely with DDD.
MR. CASEY: Understood. As you should. I will just tell you again that there has been a lot of experience across the country with putting DD services into managed care models. And I can't think of a state right now except perhaps Arizona which would claim that it works well.
CHAIRWOMAN SPITALNIK: Gwen.
MS. ORLOWSKI: Thank you so much for all the reasons everybody else said. I echo what Mary said, it would be great to give us some time to digest some of this and perhaps have it on the agenda next time.
I just want to focus on one area. I don't know if we can turn back to the slide on the person-centered plan of care, the elements of that. This is an area that's near and dear to my heart. From some of the work that I had done in Justice in Aging, I had talked to folks at CMS about this, and they really saw the federal person-centered planning rule and this aspect of Managed Long-Term Services and Support as an opportunity to do everything that's here, but also help inform what services perhaps should come into Medicaid in the future. So that's one of the reasons it's important in these plans that the members' goals and preferences get really flushed out and their life view,

including not only their need for PCA services, but other things that are important to them. And it's specifically from a federal point of view not envisioned that every single service would be a Medicaid service at that time. They might be met through other dollars or through family support, but ultimately that could provide a roadmap for things that we might want to have in that circle. So with that as sort of background, I think one of the things that came to my attention -- and I don't do a lot of work with individuals with developmental and intellectual disabilities, but at some point the person-centered planning tool that DDD uses came to my attention. And I looked at it, and I was like, wow, this is really great; nothing like this is going on for older adults, that level of discussion. And so maybe the Division wants to consider, while they're not forcing plans at this point to use a particular plan of care format, but having care managers use a tool like that so that they actually have that full robust discussion with the consumer, which is not happening now. It looks to me at least there are aspirations that it happens with this other population, which is really great.
And the one last thing that I'm going to say on it, it just comes off the top of my head now is

echoing the idea of more consumer-friendly information. So if the Division could think about -- and I'm sure Legal Services folks -- and maybe I don't want to speak for other advocates in the room, but I'm sure there are other advocates in the room. If we could think about ways of putting out materials either on the website or brochures that would help explain to people what person-centered planning is so that they could then be educated when they're talking to their care manager, say, "This is the kind questions I want to talk to you about."
I'm really hopeful with this change that it will improve but, honestly, the care plans that I see say personal care assistance (PCA) services and that's all that's on them. And I know that that's not what you all want. So how would you work together to help get more robust plans to people?
Thank you.
CHAIRWOMAN SPITALNIK: Thank you.
UNIDENTIFIED SPEAKER: With the Medicaid change for July the 1st, is there any talks about the MCO's requirements to expand their hours or staffing to be able to handle this?
MS. GRANT: You're talking the following July contract, not this one, right?

UNIDENTIFIED SPEAKER: This one.
MS. DAVEY: July 2018. This contract is July 2017th that we're talking about.
MS. GRANT: Obviously, as we prepare, kind of true-up, we're going to be looking at what will it take to make sure that it is implemented fully. I think that's what you're talking about, right?
MS. KENNEDY: We have a readiness review to understand what their networks look like to make sure that it will accommodate the July 2018 change.
MS. GRANT: I mean, contrary to popular belief, probably no organization can immediately learn really how to do this stuff well. That's one of the reasons why the readiness review requirements were incorporated, and we were encouraged by stakeholders to do that strongly. So readiness review would be really critically important to make sure it works well. That's our commitment.
CHAIRWOMAN SPITALNIK: Thank you.
Anyone else?
Thank you very much. And, again, kudos for distilling this. And we will put this on the agenda.
(Applause.)
CHAIRWOMAN SPITALNIK: I'm going to call on Elizabeth Brennan, Assistant Director of the Division

Aging Services. And Elizabeth is going to present on two different things, the Nursing Facility Quality Improvement Initiative (AWQP), as well as MLTSS.

Liz, do you want to do the initiative first?

MS. BRENNAN: Yes.

CHAIRWOMAN SPITALNIK: Great. Thank you.

MS. BRENNAN: Good morning. Thank you on behalf on Laura Otterbourg, the Director of the Division.

I did want to give an update on Nursing Facility Quality Initiative, also known of the Any Willing Qualified Provider (AWQP). I'm not going to dwell a lot of time. I know this topic has been presented numerous times, so just for your reference, a reminder of the guiding principles of the initiative.

(Presentation by Ms. Brennan.)

(Slide presentations conducted at Medical Assistance Advisory Council meetings are Available for viewing at http://www.state.nj.us /humanservices/dmahs/boards/maac/.)

CHAIRWOMAN SPITALNIK: Thank you so much. Questions or comments for Liz?

From the audience? Yes?

MS. DELLAVECCHIO: Tammy Dellavecchio. I'm an advocate and also a member of the public.

I have a few concerns. What challenges are you experiencing with your --

MS. BRENNAN: With the AWQP initiative? Or are you talking about MLTSS?

MS. DELLAVECCHIO: I'm talking about long-term managed care.

MS. BRENNAN: Long-term managed care. So you're asking specifically what are the primary challenges of it?

MS. DELLAVECCHIO: Yes. And what are you doing to meet the members' needs?

MS. BRENNAN: Well, I think that it's a very broad question. I mean, we have in various meetings talked about different challenges at different times. I don't believe that there's one challenge that we can highlight at any given time. We have the MLTSS Steering Committee meetings on a regular basis where we have those meetings to talk about challenges and what we're doing. We have regular meetings with our MCOs where we talk about the challenges and what's being created or what's happening and we talk about how we're going to address them. So it's a very broad question. It's very difficult to answer at one moment in time. I think we are very committed to accepting the feedback from the public, our stakeholders, the MCOs, coming to

the table to talk about those challenges, and then talking about strategies and implementation of strategies to address those challenges. So I don't mean to be vague, but I think it's very difficult to give you a one-challenge answer on that.

MS. DELLAVECCHIO: Is there a certain time frame that you would give as far as members if a member request for managed care service? How long does it take to respond to that member?

MS. BRENNAN: So as Carol mentioned, there is a 900-page contract which outlines all of the requirements for MCOs. I can tell you in general there are standards for when a member reaches out how soon an MCO representative has to get back to them. There are guidelines for when a service need is identified, how long there is to implement that service, how long there is to implement a plan of care, have the services in place.

MS. ROBENOLT: I think the question, again, is very broad. It depends on the service. A lot of times it is also an individual has a right of choice of provider. So it may be finding the provider that the individual is interested in having serve them and whether that person is ready at that time. There's a lot of variables there that impact it. Again, it

depends on the different type of service. But as far as MLTSS perspective, there is a requirement that with a person's enrollment that within 45 days there should be development of a plan that is approved and ready to be implemented, within the point of enrollment.

MS. GRANT: I really want to emphasis that the requirements for managed care operations related to MLTSS are mostly found in Article 9 in the MCO Contract, but also throughout the base contract, and that's what we hold them accountable to. We have an Office of Quality Monitoring. We have an external quality review organization that really is into -- the whole news of the state or the managed care plan to see whether or not contractual requirements are being met and that the operations that the plans are doing are consistent with the state's goals. No program is ever perfect. I think we have lots of mechanisms, as Elizabeth has said, to identify problems as they happen to get them resolved. We had a lot more problems at beginning of MLTSS, and we have fewer ones. Although, you come to challenges. How do you really help people within the community? How do you do the person-centered thing? How do you make sure you're not just having somebody's needs considered in terms PCA but they're more of a 360 degree view of how to live a

life of quality and in good health and all that? And we work closely with stakeholders, our health plans, and our other state partners in how to do that.

CHAIRWOMAN SPITALNIK: Other questions or comments?

With that, thank you very much.

(Applause.)

CHAIRWOMAN SPITALNIK: We're now delighted to introduce Jonathan Seifried. Jon is the Acting Assistant Commissioner for the Division of Development Disabilities and the Department of Human Services. Jon is going to give us a presentation on the Dual Diagnosis Pilot. And within the DD world, that means people with intellectual and developmental disabilities and mental health needs.

MR. SEIFRIED: Good morning, everyone. It's a pleasure to be here today. I appreciate being included by the MAAC.

So I'm really just providing an update on where we are. As you may recall, a section, a part was put in the 1115 Comprehensive Waiver about DDD researching and basically looking into a Dual Diagnosis Pilot Program. As Deb already clarified, it's for individuals that have a mental illness and a co-occurring developmental disability.

So we had, last fall, engaged -- well, first we collaborated with the Division of Mental Health and Addiction Services and reached out to the technical assistance collaboration for them to assist us in kind of putting together a draft report on the matter. So they went through and did develop a report. There was some stakeholdering. They had a family group and a group of professionals to obtain information from. And they did put together a draft report that is making its way through the Department.

As you guys know, we have a new Commissioner over at the Department of Human Services. We have a new Commission over Health. And we want to give the new administration time to review that before we publish and put that out.

I can tell you, in general, we continue, the Division of Developmental Disabilities and the Division of Mental Health and Addiction Service, to collaborate regarding individuals with dual diagnosis. Through those works, we've seen reductions in the census of developmental disabled dual diagnosis individuals in the state psychiatric hospitals and able to move people out to community settings and are collaborating related to really putting together both services from the Division of Mental Health and Addiction Services side

and DDD at the same time, so that way we can kind of meet both those needs.

As you know from Acting Commissioner Johnson who spoke at the onset of the meeting today, she has a wealth of experience in policy related to many, many different areas. And we feel her review of that can only enhance that, so after she -- I'm careful not to commit the new administration to time frames, but I do know that she has many priorities, and this is one of them that she has recognized as being an area that needs to be addressed. So we'll be working closely with her in the coming weeks to go over and make those reviews.

CHAIRWOMAN SPITALNIK: Thank you.

Questions or comments?

MS. ROBERTS: Good morning, and thank you.

So do you have any thoughts about when the draft report might be able to be shown to advocates or widely in the community?

MR. SEIFRIED: Well, as I said, I'm hesitant to commit the new Acting Commissioner to the time frames. I know that we have a draft report and that it's ready for review. Just not knowing what, if any, comments or adjustments would come from the new administration, it's hard for me to say. I know that

it's something that is really viewed honestly by the Department and the leadership as being a population that needs attention sooner than later. It can't be something that gets pushed over. So we will be working as soon as we can.

CHAIRWOMAN SPITALNIK: So we will monitor the time frame and put the report on the April agenda with the hope that it is available.

MR. SEIFRIED: I would hope.

CHAIRWOMAN SPITALNIK: Any other comments from the MAAC?

Donna. Donna Icovino.

MS. ICOVINO: Donna Icovino, family advocate.

Interestingly, it is 10 years; this month is the 10th year anniversary since the Dual Diagnosis Task Force (Task Force)convened. The Department of Children and Families (DCF) have implemented many of the Task Force priority recommendations. That's been wonderful for the under 21 age group of individuals with -- the dual diagnosis is really intellectual developmental and co-occurring mental health and behavioral disorders. I would add that.

When our groups -- I was part of the stakeholder group. As you mentioned, there was a

clinical provider workgroup. We work separately, but we all came to a consensus in terms of recommendation. Lynn Kovich did a great job as consultant, former DMHAS acting assistant commissioner, in putting all this information together. What wasn't done was the report wasn't sent back to our stakeholder group or the clinical provider group for review and comment. I think that's essential before this goes on to Acting Commissioner Johnson. We have not had a chance to weigh-in. We gave recommendations. They were discussed with you, but we received no feedback in terms of looking at the report and further input. I really want to stress the importance of making this a priority. A number of us advocates will be happy to meet with Acting Commissioner Johnson to educate her about this population, dual diagnosis population, which continues to be, not only underserved, but unserved in many circumstances. I agree that the number of clients who end up in our state psychiatric hospitals have decreased. It does not mean people aren't still in emergency situations.

I also work for Rutgers. I'm a peer support counselor, and I have 95 parents I work with who have children, children and adult children, with dual diagnosis who are routinely in crisis situations. And,

again, over-21 individuals, there has not been much change in the past 10 years. So this has to be a high priority. And, again, I intend to reach out to the new Acting Commissioner, but I ask you to maybe as a heads-up take a message.

MR. SEIFRIED: It's already on my listing of things.

And just to kind of clarify, when I mentioned in terms of the state psychiatric hospitals and the dual diagnosis population, it wasn't meant to be an inference that it's not an issue and not a major challenge on the community side. I recognize that even outside of the state psychiatric system, there's a lot of presentations at emergency rooms and local crisis centers, so on and so forth. So, again, it wasn't meant to imply that a corner's been turned and that it's no longer a priority population or anything like that. But thank you for your comments. And I did take a note on that, and I'll take that right back to the Department today when I head back.

MS. ICOVINO: Thank you.

CHAIRWOMAN SPITALNIK: Thank you.

Kevin.

MR. CASEY: Kevin Casey.

Jonathan, number one, for all of that, I

agree.

Number two, you might give some thought at some point to identifying a spot somewhere inside DDD that families who are in crisis with mental health issues can go to to get help with defined services. I will tell you -- because I meet family groups. Obviously, lots of issues come up. This issue probably comes up more than any other issue I see: Where do I get some help or some support for my family member who has serious mental health or behavioral needs? So you might think of identifying somebody in the Division whose responsibility it is to help families to find their way around that system.

MR. SEIFRIED: Absolutely. Thank you for that.

CHAIRWOMAN SPITALNIK: Anyone else?

Thank you very much, Jon.

(Applause.)

CHAIRWOMAN SPITALNIK: We'll now hear from Jennifer Joyce from the Division of Developmental Disabilities presenting on the Community Services Support Programs, which is one of the elements of the Comprehensive Waiver.

Jen, welcome.

MS. JOYCE: Hi, everyone. I get to say good

afternoon, I guess, officially.

I understand and know that most of the people in this room very informed about the Supports Program at this point, so I just have a couple of slides with an update of what's been happening within The Supports Program.

CHAIRWOMAN SPITALNIK: Jen, if I may. I'm sorry to interrupt you. I would not make that assumption because we come from a variety of different systems serving a variety of individuals with different needs. So if you could give a little bit more of an introduction, I think that would also be helpful.

MS. JOYCE: Okay. The Supports Program is within the Comprehensive Medicaid Waiver. It's one of the DDD programs within that waiver. The other one, as of November 1st, is The Community Care Program, which was the artist formerly known as the Community Care Waiver (CCW). So The Supports Program launched in July of 2015. It's really a community-based services kind of program where we're looking at providing a variety of services and supports. There's 20 direct services within The Supports Program to assist people in finding employment, gaining skills throughout the day, being more integrated in the community. There's physical therapy, occupational therapy, and speech, language,

hearing therapy for habilitative purposes, as well as for rehabilitative, respite, things like that, so services that can really help an individual have a holistic, meaningful kind of life based on what that particular individual needs.

I appreciated the comments about the person-centered planning tool earlier. We worked really hard on developing that. And the idea behind that is to really get to know the individual. For our support coordinators who serve the role as case managers in the system, to know the individuals really well on not just a what-service-do-you-need-today kind of level, but what is your life about, what are you interested in, what are your hopes and dreams, and how can we tap into those things, develop outcomes based on those areas that you really have an interest in, and what supports are needed to help you really get to those outcomes and goals.

So we established ourselves in July of 2015. We started with a very small group of individuals. It was about a hundred people that were enrolled in the program at that time. We wanted to start small so that we could, hopefully, address needs that came up, see how things go, test the readiness. And I think that that really did help us, as we moved in forward and

started growing in terms of enrollment.

(Presentation by Ms. Joyce.)

(Slide presentations conducted at Medical Assistance Advisory Council meetings are Available for viewing at http://www.state.nj.us /humanservices/dmahs/boards/maac/.)

CHAIRWOMAN SPITALNIK: Thank you so much. Questions or comments?

Not hearing any from the MAAC, Kevin Casey.

MR. CASEY: Jennifer, a couple of things. One, a compliment, and I said this at the last meeting, the idea of picking up everybody as soon as they're done with special education in the state is almost unheard of. I'm not sure I'm aware of another state that does that, frankly. There may be some, but I don't know which ones they are for sure. It's a very good idea.

I think the headache that people are having, as I talk to families, is that they don't understand the program as well they need to and how you get into it and that kind sort of thing. I think webinars are a very good idea. I'm not going to try and claim I'm of the computer age; I'm not close. But I really think one of the things we need is some person-to-person training where we're going out and talking to groups

and families, going out and talking to groups of individuals, taking questions, having a dialog, having a conversation back and forth. I think that would really help.

There are a lot of other things that I'm not going to bring up today because of time. I would request, Jonathan, that maybe one of the things we should think about doing is having a conversation with you and the advocacy community about this program, how it's going, where it's going, what our suggestions are for change over time, and things of that nature. I really would appreciate if we could set up some time to do that.

MR. SEIFRIED: Absolutely.

MS. JOYCE: Thank you for that perspective regarding services first. I completely agree with you that we have a lot of families that don't understand the system and how to get in it and need help in that area.

One of my dreams, especially as we continue to have caseloads that go down on the case management-side and have the opportunity to maybe develop different roles for people within our staffing itself is to have a transition unit that could really be designed to go out to school districts and family

groups and talk to them about that process.

CHAIRWOMAN SPITALNIK: Thank you.

Gwen.

MS. ORLOWSKI: Gwen Orlowski, Central Jersey Legal Services.

I'm one of the people who actually do read the MCO contract as bedtime reading, but I have not read your manual. I just pulled it up on my phone.

MS. JOYCE: It's quite lovely.

MS. ORLOWSKI: I'm really excited about it, and the answer may be here. But I am confused about -- and this may be too long for you and maybe we can talk off line -- about the financial eligibility requirements for The Supports Program and the changes made on November 1st. When I looked at the Comprehensive Waiver, whatever it's called now, on the Medicaid eligibility group, it looks like a financial eligibility is now the special income limit three times the federal SSI benefit, and that under the Affordable Carer Act (ACA) has spousal and impoverishment protections applied for five years to certain people. And I'm trying to get clarity on the income level and whether the federal spousal impoverishment protections apply. And if they don't apply, how do you do calculation? I can't figure it out if they don't

apply. That may be too deep in the leaves.
MS. JOYCE: It's not in the manual and it's not something that I'm really qualified to answer because I'm not, sort of, a very skilled expert in that area.
CHAIRWOMAN SPITALNIK: Jon.
MR. SEIFRIED: We can connect you with Kelli Rice. She's actually here. Maybe afterwards.
MS. ORLOWSKI: I think we did talk, and I think there was confusion. So maybe it's not here.
MS. DAVEY: The Supports Program to DMAHS is really just that we have to do Medicaid eligibility. But then there's various categories. So how we handle it for somebody at 300 percent, Kelli can talk about that. Anybody on Medicaid who qualifies for The Supports Program can get support.
MS. ORLOWSKI: Right. And that's the question. Normally people who are at an institution level get the spousal and impoverished protection. It sounds like this group doesn't. So then in the nitty-gritty, does that work?
CHAIRWOMAN SPITALNIK: Thank you.
Yes, Ms. Kelly.
MS. KELLY. I just have a question about the Support coordinators themselves. Are they getting

training? Because I have to say in my personal experience is that they don't really know very much, how to connect to services.
MS. JOYCE: So they go an orientation that's a combination of training through the Division of Developmental Disabilities as well as through the Bogg's Center. They also get a list of other kinds of trainings throughout the year. There's mandated training that they have to go to which is all in the manual itself.
We have recognized recently that one of the disconnects that's happening is that people are making -- support coordination agencies are having the impression that they're not getting them enough information about what their support coordinators should be doing. And there's always that kind of question of who's responsible for that, the supervisors at the support coordination agencies, DDD, the Bogg's Center, et cetera. We actually are getting together to discuss that very soon. We recognize training, we can always do more training. It's just a matter of how it's done, who does it, who develops that curriculum and those kinds of things. So we are working on providing additional training.
We have staff at DDD who actually are

assigned to each agency and are available to help provide that hands-on kind of day-to-day information.
CHAIRWOMAN SPITALNIK: Thank you. Jen.
MS. BROWN: Jennifer Brown.
I did want to mention that The Supports Program manual is almost 200 pages, but there is a sweet and condensed version on the New Jersey Council's website, and we're able to send it out. There's a form to fill out to send it out. It's a glossy that was put together as a collaboration that really gets to the nitty-gritty of it.
MR. CASEY: We're glad to repeat that effort, by the way, as the new manual comes out. We are glad to be a part of repeating that.
CHAIRWOMAN SPITALNIK: Thank you.
Others?
UNIDENTIFIED SPEAKER: Just a quick announcement. Through a grant from New Jersey Council on Developmental Disabilities, we are in the midst of co-writing the revised Family Crisis Handbook for children and adults with dual diagnosis and their families. We've included information for self-advocates and providers and direct care staff and so on. And it should be published late spring, early

summer.
CHAIRWOMAN SPITALNIK: And where would people access that?
UNIDENTIFIED SPEAKER: A number of ways. There will be, of course, hard copies that will be distributed at conferences, for example. It will be online. We've talked about an application (app) for that information, particularly because we're talking crisis and these are ways for families to access it during a crisis. So it's greatly expanded. As I said, it will be published by the end of spring, early summer. And there will be a lot of announcement about that.
CHAIRWOMAN SPITALNIK: Thank you so much.
MS. JOYCE: Thank you, Dr. Spitalnik.
(Applause.)
CHAIRWOMAN SPITALNIK: We now turn to Meghan Davey, the Director of the Division of Medical Assistance and Health Services for the update on NJ FamilyCare.
MS. DAVEY: Hi, everybody. Really good presentations, so I say thanks to our team at the Department of Human Services for putting it all together.
Just a quick update, just the general items

I go over every MAAC.

With respect to our enrollment, I think we had been seeing a decline in enrollment; but, we've now seen a second monthly increase in enrollment since we saw a six-month decline. We were watching it closely. We do tend to do more redeterminations in the back half of the year, given the roll-out of the ACA. So we don't know if people now are coming back on that fell off or if open enrollment had something to do with it. But we're watching that trend.

(Presentation by Ms. Davey.)

(Slide presentations conducted at Medical Assistance Advisory Council meetings are Available for viewing at http://www.state.nj.us /humanservices/dmahs/boards/maac/.)

CHAIRWOMAN SPITALNIK: Thank you. Questions?

Beverly.

MS. ROBERTS: Thank you very much. And I'm particularly excited about the diabetes information. Thank you. And maybe we can have an additional update at our next meeting. I didn't know what kind of time frame you're thinking before it could actually go live.

MS. DAVEY: Well, we have to get CMS approval. The 30-day public comment will go out. It

depends on CMS's approval time. If we submit it within the quarter, we can usually go-live the beginning of that quarter. So I would assume we'd try to get it in this quarter.

MS. ROBERTS: Whenever there's anything additional that you can give us, that would be great.

MS. DAVEY: Sure. Thank you.

CHAIRWOMAN SPITALNIK: Other comments or questions.

Comments or questions? Yes?

MR. MINNELLA: Hi. Matt Minnella, Association of New Jersey Chiropractors.

We've seen letters go out to providers in the managed care networks advising that they need to enroll in the state panel in order to continue to participate per 21st Century Cures Act (Cures Act). There's a moratorium on doctors of chiropractic care in the state panel right now. So I was wondering if anything was done on that front.

MS. DAVEY: Yes. There's currently budget language that puts a moratorium on chiropractic and a few other things, such as podiatry. We are working with our Office of Management and Budget now to potentially lift that language, which would then lift that moratorium, because I know with the Cures Act, you

now have to be -- if you're in the managed care provider network, you have to fee-for-service provider. So I know that is a problem for the Chiropractic Association. So we are looking at that and looking at ways to lift that moratorium.

MR. MINNELLA: Is there any time frame? Or do we know when payments might stop. I've heard in other states payments may stop as of March 1st.

MS. DAVEY: We have been working closely with CMS. We do not want to hurt -- have any access issues for our clients and neither to do they. So we're working closely with them. Our National Association of Medicaid Directors just sent in a letter also reiterating that the states need more time to come into compliance with this rule. So we don't intend on stopping payments at this point.

CHAIRWOMAN SPITALNIK: Other comments or questions for Director Davey?

MS. DELLAVECCHIO: I have a question. I've been having some concerns. It's actually an old concern. Problems and some difficulty getting to my specialty appointments, and I've actually spoken to DMAHS staff, and I've been having some difficulty as far as transportation with LogistiCare. I've been assigned a -- I think you could say a reservationist.

However, that reservationist isn't always available, which puts me at a dilemma for getting to the actual specialist.

When I have gone under or spoken to someone else in reservations, they're having difficulty in making the reservation, stating that I'm blocked, there's a flag on my account. I had supervisors say it's never happened. They don't understand that's taking place. So one of the concerns, from what I understand from DMAHS staff is because one of my surgeons is 90 miles away, it puts me at a disadvantage and I need to look in my area. Not everyone can be catered in that 20-mile radius. Certain constituents have different ailments and you can't always find a doctor for that specialty doctor in that area. So this actually poses as a great concern.

MS. DAVEY: So we obviously try to keep people as close to their community as possible, so there are requirements around that. But we do have exceptions to that process. So why don't we talk off line so you can give me your information and I can see what's going on with your reservationist.

MS. DELLAVECCHIO: I brought this up three months ago. Because this is continuing, I did ask for a fair hearing. And some months ago, still nothing has

arisen.
MS. DAVEY: So it's in the fair hearing process now.
MS. DELLAVECCHIO: I've actually taken steps to go -- I've done the appeal.
MS. DAVEY: Well, let me get your information after the meeting and I'll look into it for you.
CHAIRWOMAN SPITALNIK: Thank you.
Other comments or questions?
MS. SHEA: Hi. Maureen Shea of NJ Association of Community Providers. I was wondering if you could tell me also under the 21st Century Cures Act the status of electronic visit verification.
MS. DAVEY: Sure. Good question. I don't know if everybody knows, but part of the Cures Act is a requirement that states have an electronic visit verification system (EVV)for personal care attendant services by January 1, 2019, and I think the additional home care services by 2023. So we are in the process of developing that Request for Proposal (RFP). We've had conversations with home care and hospice, our health plans. So we are working on that. The RFP will go through the final process. It's going up to the Department and then it will go to Division of Purchase

and Property. So, yes, we are working on an electronic visit verification system.
CHAIRWOMAN SPITALNIK: Thank you.
Our next meeting is Wednesday, April 11th, from 10 to 1, in this location. I'll review the things that I've taken note of so far.
There was interest in thinking towards the 2018 contract, Managed Care Contract renewal. We wanted a follow-up on the dual diagnosis report. If available, depending on the federal timeline, an update diabetes. Typically, we have an update, as we just heard, on the whole NJ FamilyCare program and MLTSS.
Is there anything else that we would want to add to that?
MS. COOGAN: The Contract, if people have questions on the Contract.
CHAIRWOMAN SPITALNIK: On the 2017.
MS. COOGAN: Correct.
CHAIRWOMAN SPITALNIK: Wayne.
MR. VIVIAN: Donna, didn't you say you wanted the members of the Task Force to be able to review the report for accuracy, I assume, and other things before it's actually released?
CHAIRWOMAN SPITALNIK: I am appreciative of that. That's beyond the purview of the MAAC; but, I

appreciate that it's been heard by the Assistant Commissioner, and I know that he'll bring it back to the departments.
Anything else?
With that, and I want to thank all the presenters for the excellent and exciting presentations. I'd like it noted that we've ended 25 minutes early.
Do I have a motion to adjourn?
MS. ROBERTS: Motion.
MS. COOGAN: Second.
CHAIRWOMAN SPITALNIK: All those in favor?
Again, welcome to the new members. And thank you all for your engagement and for your presence.
(Meeting adjourned at 12:37 p.m.)

CERTIFICATION

I, Lisa C. Bradley, the assigned transcriber, do hereby certify the foregoing transcript of the proceedings is prepared in full compliance with the current Transcript Format for Judicial Proceedings and is a true and accurate compressed transcript of the proceedings as recorded.

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Lisa C. Bradley, CCR
The Scribe

Date: 4/16/18